



# COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



February 23, 2016

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Cal Remington, Interim Chief Probation Officer  
Chair, Public Safety Realignment Team

Mark Delgado  
Executive Director, CCJCC

SUBJECT: Public Safety Realignment Implementation – January 2016 Update

The Public Safety Realignment Team (PSRT) was established by the Board of Supervisors to coordinate the County's implementation of realignment. Chaired by the Chief Probation Officer, PSRT provides quarterly reports to your Board that include updates on departmental measures that were established for the year. Expenditure reports compiled by the Chief Executive Office also have been consolidated with these reports.

This report provides performance measures updates and the CEO's expenditure report for the first quarter of Fiscal Year 2015-16 (Attachments A and B). To supplement the attached performance measures matrix, departments have provided the following updates to highlight key implementation areas.

## PROBATION DEPARTMENT

The Probation Department's Public Safety Realignment (AB 109) operation is organized into five functions: Pre-Release Center, HUB/Custody Liaison, Direct Supervision, Local Law Enforcement Partnership, and Community-Based Organization (CBO) services. The department highlights the following work in those areas.

### **Pre-Release Center (PRC)**

The Department of Mental Health (DMH) and Department of Health Services (DHS) co-locate staff at the Pre-Release Center (PRC) to assess mental health and medical needs of state prisoners prior to their release to the County on Post-Release Community Supervision (PRCS).

The PRC aims to ensure that 95% of cases that are identified as possibly requiring mental health or medical services are referred to these co-located staff for review of records and recommendations for services upon release. During the first quarter of FY 2015-16, Probation's PRC staff identified 97 cases that required a mental health assessment and 232 cases with potential medical needs that required assistance. All of these cases were referred to DMH and/or DHS for review and assessment.

### **HUB/Custody Liaison**

Probation established a HUB at the Sheriff Department's Community Reentry Resource Center (CRRC) in May 2014 to provide comprehensive intake, assessment, orientation instructions, and service connections to individuals exiting custody to AB 109 supervision.

Probation's HUB/Custody Liaison function aims to ensure that at least 80% of split sentenced persons in custody are oriented by CRRC HUB staff within 60 days of their anticipated release from jail. The Department is currently meeting this HUB/CRRC key goal. During the first quarter of FY 2015-16, Probation identified 157 split-sentenced supervised persons released. Of these clients, 147 (94%) were assessed and oriented by CRRC staff within 60 days of their anticipated release from custody.

### **Direct Supervision**

Direct supervision Deputy Probation Officers (DPOs) hold supervised persons accountable for compliance with their conditions of supervision and provide support and service linkages to promote successful reentry. Direct Supervision goals include improving practices related to risk assessments and the development of evidence-based case plans that address PSPs' criminogenic risk factors.

To that end, Probation has aimed to increase the number of risk assessments completed by direct supervision DPOs to 400 per month. Probation is making progress on this goal. During the first quarter of FY 2015-16, DPOs completed an average of 227 risk assessments per month. An average of 53 risk assessments per month were conducted in the previous year.

Probation also aims to increase the number of case management plans completed by supervision DPOs to at least 450 per month. The Department is currently meeting this goal/objective. During the first quarter of FY 2015/16, DPOs completed an average of 497 case management plans per month.

### **Community-Based Organization (CBO) Services**

Through its provider contract, Probation provides the AB 109 population with the services and resources needed for successful reentry, including transitional housing, sober living environments, emergency shelters, specialized housing for those with medical needs, and employment training and placement.

Probation aims to achieve a 40% employment rate for all supervised persons reporting to the contractor for assessments and employment services. During the first quarter of FY 2015-16, 132 supervised persons participated in the employment services program. Of these clients, 64 (48%) obtained employment after completing the job assessment and participating in the employment services program.

A second goal of CBO services is to ensure that CDCR inmates who report that they are homeless or transient have a housing referral in place upon release from custody to PRCS. During the first quarter of 2015-16, 180 inmates in CDCR custody indicated they would be homeless or transient upon release. Probation arranged for temporary housing for all of these cases (100%) upon their release from custody.

## **DEPARTMENT OF PUBLIC HEALTH – SUBSTANCE ABUSE PREVENTION AND CONTROL (DPH-SAPC)**

DPH-SAPC coordinates efforts to provide the AB 109 population with appropriate substance use disorder (SUD) treatment.

### **Treatment Activity Summary**

As shown in Table 1, there were 423 SUD treatment admissions and 385 discharges from July 1, 2015 to September 30, 2015.

***Table 1 – Treatment Admissions and Discharges from July 1, 2015 to September 30, 2015***

<b>Treatment Activity</b>	<b>Episodes</b>
Admissions	423
Discharges	385

*Note: Data current as of 10/30/2015.*

AB 109 clients who received SUD treatment demonstrated reduced rates of homelessness, hospitalizations, emergency room visits, and physical health problems.

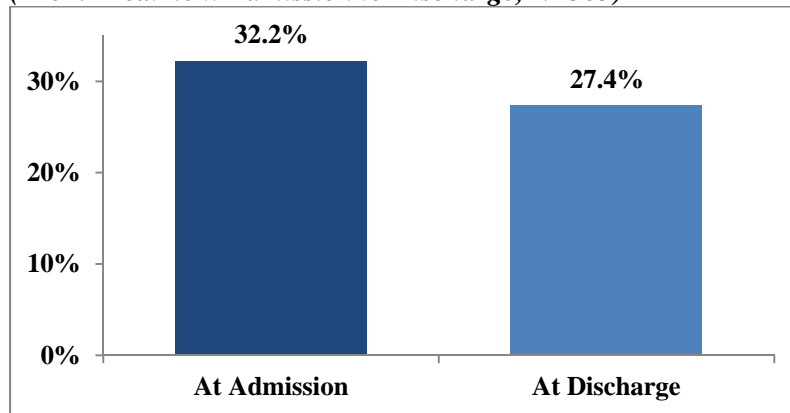
### **Job Training and Employment**

As of the first quarter, there were no statistically significant changes in job training and employment from admission to discharge.

### **Homelessness**

AB 109 clients who received SUD treatment experienced a 14.9% decrease in homelessness (Figure 1).

***Figure 1 – Reduction in Homelessness  
(From Treatment Admission to Discharge, N=385)***

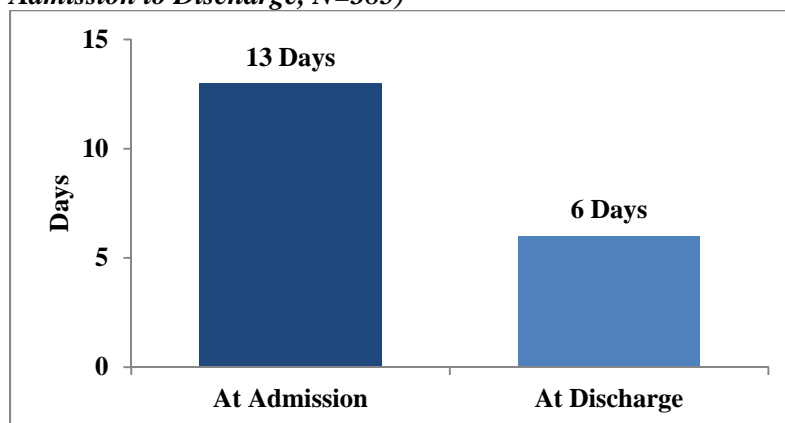


*Note: Data current as of 10/30/2015; analyzed data from July 1, 2015 to September 30, 2015.*

### **Primary Substance Use**

AB 109 clients who received SUD treatment experienced a 53.8% reduction in the days of primary substance use (13 days compared to 6 days) (Figure 2).

***Figure 2 – Reduction in Substance Use in Last 30 days (From Treatment Admission to Discharge, N=385)***

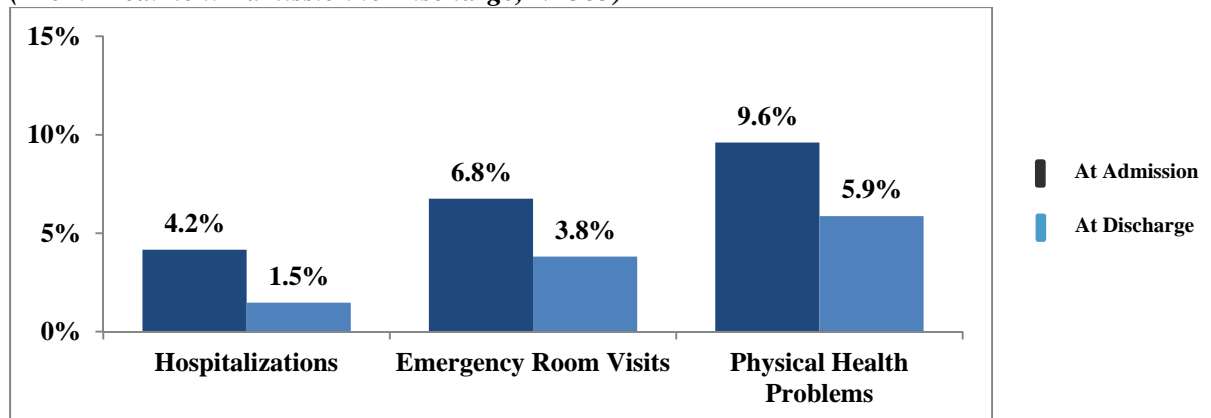


*Note: Data current as of 10/30/2015; analyzed data from July 1, 2015 to September 30, 2015.*

### **Health-related Problems**

AB 109 clients who received SUD treatment experienced a 64.2% decrease in hospitalizations, 44.1% decrease in emergency room visits, and 38.5% decrease in physical health problems (Figure 3).

**Figure 3 – Reductions in Health-related Problems  
(From Treatment Admission to Discharge, N=385)**



*Note: Data current as of 10/30/2015; analyzed data from July 1, 2015 to September 30, 2015.*

### **Other Program Updates**

#### ***Substance Treatment and Re-entry Transition Program***

DPH-SAPC and the Sheriff's Department launched the Substance Treatment and Re-entry Transition (START) program on June 1, 2015. The START program provides up to 90 days of SUD residential treatment services as an alternative to custody to eligible AB 109 female inmates. As of November 2015, 28 inmates had been admitted to the program with one client successfully completing the program.

#### ***Expansion of SUD Treatment Services***

DPH-SAPC's Master Work Order Agreements (MAWOs) were implemented August 1, 2015, offering a full continuum of SUD treatment services for the AB 109 population. The MAWOs expanded the treatment modalities available to the AB 109 population by including the following services: Intensive Outpatient Counseling and Outpatient Narcotic Treatment Program services.

## **DEPARTMENT OF MENTAL HEALTH (DMH)**

DMH coordinates efforts to provide the AB 109 population with access to appropriate mental health treatment in the community and while incarcerated, including co-occurring mental health and SUD treatment. DMH highlights the following outcomes with respect to the department's performance measures for the first quarter of FY 2015-16.

### **Quality Assurance**

DMH completed a quality assurance review of AB 109 mental health contract providers during the first quarter of FY 2015-16. The quality assurance review included six contract monitoring evaluations and client satisfaction surveys.

### **Community Based Services**

In the first quarter of FY 2015-16, DMH served 2,837 unique AB 109 clients in all levels of mental health care, including outpatient services, Institution for Mental Disease (IMD), IMD Step-Down, State Hospital, and acute inpatient psychiatric units.

During this period, 522 male clients received outpatient services, 72 of whom (14%) were subsequently booked on a flash or new offense. Sixty-nine female clients received outpatient services, eight of whom (12%) were subsequently booked on a flash or new offense.

Jail in-reach community re-entry planning groups are conducted weekly by DMH Jail Mental Health Linkage staff and DMH contract provider staff to engage clients and plan for re-entry. A total of 228 Men's Jail Mental Health Services (JMHS) clients and 46 Women's JMHS clients participated in community re-entry planning services as evidenced by attendance in jail in-reach groups.

#### **Training for Community-Based Providers**

To help staff of community-based contracted and DMH directly operated providers engage and treat forensic clients with mental health and co-occurring substance use disorders, a specialized mental health training curriculum was targeted for FY 2015-16. The first training – Critical Time Intervention (CTI) – was provided on September 10, 2015.

Five additional AB109 trainings are scheduled for this fiscal year, each of which incorporates evidence-based practices (EBP). They are:

- Breaking the Chains of Incarceration
- Breaking the Chains of Incarceration and Jail In-Reach and Post Release Community Services
- Assessment and Treatment of Antisocial Personality Disorders
- Risk, Needs, Responsivity Model of Offender Rehabilitation
- Treating Sex Offenders
- Moral Reconation Therapy

These trainings are open to DMH clinicians providing in-custody mental health services.

#### **In-Custody Mental Health Services**

DMH is collaborating with the Sheriff's Department to implement a pilot project for an in-custody mental health residential treatment facility for AB 109 inmates 60-90 days prior to release. Funding is for one year. The goal is to identify eligible male N3 inmates with mental illness who are at low security risk and are stable enough to complete the remaining 60 to 90 days of their sentence in a secure 42-bed community-based IMD Step-down facility.

### **DEPARTMENT OF HEALTH SERVICES (DHS)**

#### **Inmate Medical Services at LAC+USC Medical Center**

DHS has expanded services provided to jail inmates by LAC+USC Medical Center to accommodate the AB 109 population. In the first quarter of FY 2015-16, a total of 367 specialty visits were provided to AB 109 inmate patients, including ancillary encounters and 98 emergency department visits. Fifty AB 109 patients had inpatient admissions with a total of 202 inpatient days. Of these, 38 were admitted to the LAC+USC jail ward, and 12 were admitted off ward. The average length of stay for the AB 109 population was 4.04 days.

DHS has implemented the use of the eConsult system within the custody setting to improve the ability of clinicians to consult with specialists and to decrease wait times for inmate-patients requiring specialty care. In the first quarter, the average time from the submission of a specialty care consult to the scheduling of an appointment was 8.8 days. The turnaround time from consult initiation until the date of an appointment was 31.75 days.

Care coordination services have also been implemented for AB 109 inmates who require ongoing/lengthy medical services or have complicated conditions. During this period, there were 82 patients whose care was coordinated for Hi-Risk OB/Gyn issues and 63 care coordination activities for inmates requiring other specialty services, for a total of 145 cases that were provided care coordination.

### **PRCS Medical Care Coordination**

DHS has two staff assigned to the Pre-Release Center in Alhambra: a clinical social worker and a registered nurse coordinator who work to coordinate medical care and related social services for PSPs with medical needs. These staff review all pre-release packets that indicate a medical condition and medical records uploaded by CDCR through a secure file transfer site. DPOs also regularly contact the DHS staff for consultation and assistance with PSPs with medical concerns.

In the first quarter, 455 pre-release packets and 254 CDCR medical record uploads were reviewed for inmates designated by CDCR as medically high or medium risk. The DHS staff also monitored a total of 124 medically high risk PSPs in the community via Probation reports in July 2015, 192 in August, and 258 in September.

Care management was provided for 72 PSPs in July 2015, including 19 new cases; 88 (including 17 new) in August and 107 (including 14 new) in September. Examples of the types of care management provided include:

- *Arranging dialysis, housing, and transportation to dialysis for a PSP with end stage renal disease who required dialysis three times a week* – The PSP successfully started receiving dialysis in the community one day after his return to the County.
- *Resolving Medi-Cal eligibility issues* – A wheelchair-bound PSP required medical care, but his Medi-Cal aid code showed that he was still incarcerated and therefore he could not access care. DHS staff worked with Department of Public Social Services (DPSS) to get the code changed, and he was able to initiate medical care and apply for SSI benefits.

### **PRCS Medically Fragile Pilot Program**

DHS has established a pilot program for AB 109 participants that leverages the Department's Flexible Housing Subsidy Pool (FHSP) to address the housing needs of medically fragile AB 109 participants. In the first quarter, DHS staff facilitated placement for 2 PSPs in Board and Care settings, one of which did not require the use of the (FHSP) mechanism, and one for which this mechanism was used. DHS staff also helped facilitate placement of two PSPs in group/transitional homes, one PSP in Recuperative Care, and one in a residential mental health facility. Additional placements are anticipated as the program expands beyond the PRCS population to all AB 109 reentry populations.

### **Integrated Jail Health Services**

Changes to jail medical and mental health services are being implemented by DHS to improve quality and delivery of care and to transform services into an integrated model addressing physical health, mental health and substance use disorder issues. Goals for FY 2015-16 include:

- Developing a revamped and functional "sick call" system. To date, data has been collected regarding the current sick call process, and two expert correctional health consultants have started working with DHS to implement an improved sick call process.
- Developing a new system for managing inmates in need of acute substance detoxification. Data has been collected and efforts are underway to create a specific housing location with dedicated staff.
- Implementing a mechanism and protocol to provide relevant clinical information for inmates with medical, mental health or substance use conditions to a community provider designated by the patient, so the inmate-patients can successfully transition their care upon release.
- Developing mental health services at the North County detention center for inmate-patients with moderate to severe mental illness. The space and nursing staff have been identified, and the next step will be to pursue a targeted solicitation to select a provider group to provide the clinical care.

### **AB109 Community Health Worker Program**

By the end of FY 2015-16, DHS intends to recruit, hire, and train a minimum of 10 Community Health Workers to provide in-reach in the jail and reentry healthcare navigation for AB 109 inmates upon release to the community. DHS is working with WERC (Worker Education Resource Center) to begin planning the training component of this initiative. Curricula that focus on the service needs of the reentry population and specifically the AB 109 population will be developed. In addition, an In-Reach tracking tool is being developed so In-Reach activities can be better tracked, coordinated and evaluated.

## **SHERIFF'S DEPARTMENT – PAROLE COMPLIANCE TEAM (PCT)**

### **Absconder Apprehension**

At the direction of the Board, the primary mission and focus of the Sheriff's PCT is the apprehension of PSPs who have active absconder warrants. In FY 2014-15, 396 absconders were apprehended, a 25% increase over the previous year. In the first quarter of FY 2015-16, 87 absconders have been apprehended.

### **Extradition**

PCT continues to see a trend of PRCS absconders leaving Los Angeles County to avoid apprehension. Collaboration with law enforcement agencies throughout the state and nation aims to ensure that officials are notified when absconders are arrested in other jurisdictions so that transportation back to Los Angeles County is coordinated.

In addition, PCT works closely with the District Attorney's Office to extradite absconders when they are arrested out of state. The District Attorney's Office focuses on extraditing high risk absconders and absconders who are wanted by multiple jurisdictions within Los Angeles County. In the first quarter of FY 2015-16, the District Attorney's Office authorized one extradition from Las Vegas, Nevada.

### **Data Sharing**

The development of an integrated PRCS database is a critical requirement for the effective management of the PRCS population. The California Department of Justice (DOJ) developed the "Smart Justice" application, a statewide data sharing solution to address this issue. The DOJ has completed the first phase of the "Smart Justice" database, integrating information from CDCR, DOJ, the Automated Jail Information System (AJIS), LARCIS, LEADS2, and the County's Adult Probation System (APS).

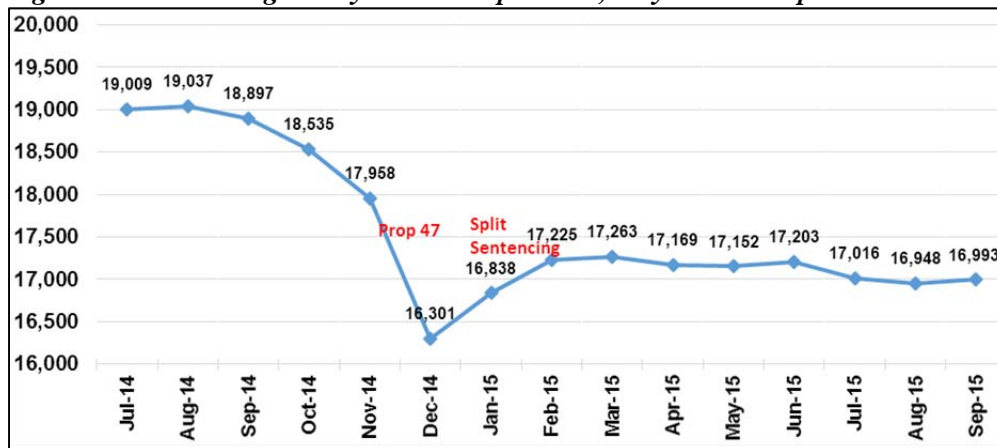
The DOJ continues to develop the second phase of "Smart Justice." A new module has been added that allows users to query DMV records and obtain photos from other states. This investigative module will help locate and verify absconders who have left the state.

## **SHERIFF'S DEPARTMENT – CUSTODY OPERATIONS**

### **Overview of the Average Daily Inmate Population (ADIP)**

The jail system's ADIP continues to hover near 17,000, including approximately 900 inmates participating in community-based alternative-to-custody (ATC) programs. Inmates sentenced under PC 1170(h) and those subject to PRCS or parole revocation comprised 22% of the inmate population in the first quarter of FY 2015-16.

**Figure 4 – Jail Average Daily Inmate Population, July 2014 to September 2015**



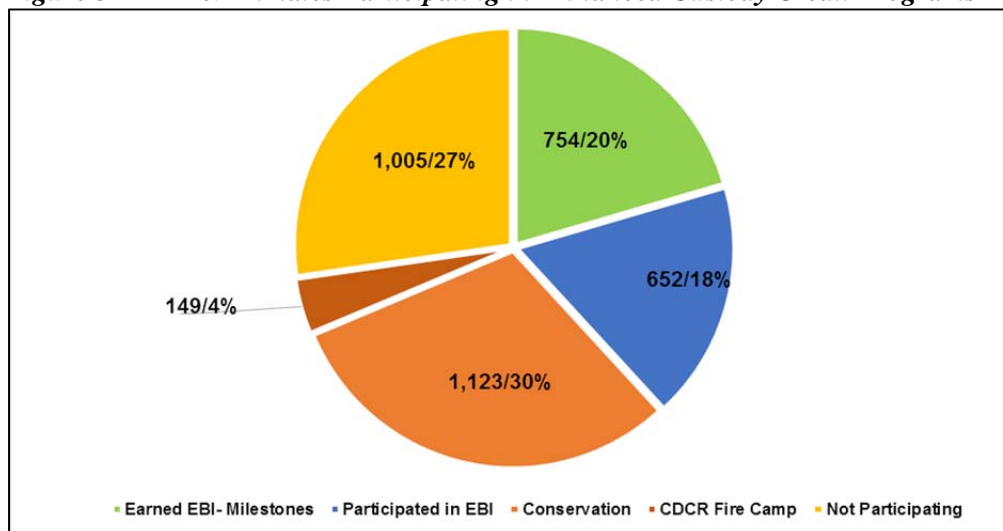
The ADIP's relative stability, however, does not truly reflect current bed demand. In August 2015, crowding required the Sheriff's Department to decrease the percentage of time served for traditional county-sentenced inmates from 90% to 70%. In October, statisticians from the University of California, Irvine determined that if the Sheriff's Department were to discontinue the use of percentage release, the jail population would increase by 21% to over 21,500 inmates.

AB 109 sentenced inmates are not part of the percentage release program and serve 100% of their court ordered sentences, less any credit earned for good behavior and/or participation in programming.

### **Population Management Strategies**

The Sheriff's Department utilizes several population management strategies, including enhanced credit earning programs and community-based ATC programs. The amount of custody credit earned by inmates participating in various programs is determined by California statute (Attachment C). Seventy-three percent of the AB 109 sentenced population participated in a credit earning program during this reporting period.

**Figure 5 – AB 109 Inmates Participating in Enhanced Custody Credit Programs**



### **Fire Camps**

Fire Camp Training continues to be provided to AB 109 sentenced inmates who meet the State's criteria for the program. While in training, inmates earn 1.5 days of credit for each day served through the



Conservation Work Program. The average daily number of inmates enrolled in Fire Camp Training during the first quarter of FY 2015-16 was 78.

Once inmates have completed the Fire Camp Training program, they receive 2 days of credit for each day served while awaiting transfer to a State Fire Camp facility and for each day served while participating in the program at the State facility. There were 149 inmates assigned to CDCR camps during this quarter.

### **Community-Based Alternatives to Custody Treatment Services**

As discussed in DPH-SAPC's update, the community-based Substance Abuse Treatment and Reentry Transition (START) program was launched in July of 2015. Participants complete the final 90 to 120 days of their sentences in community-based drug treatment funded through a DPH-SAPC contract. This program augments the on-going ATC program, which utilizes community-based treatment services funded through grants and scholarship programs.

There are currently 49 participants in ATC treatment programs: START, 25; Female Project, 17; Vets, 5; Women with Children, 1; and Transitional Case Management, 1. Thirty-one of these inmates were placed into the program during the first quarter. Twenty-two inmates, some of whom were placed into programs during the previous quarter, successfully completed an ATC program. Seven others did not complete their program successfully and were returned to custody.

As discussed in DMH's update, the Sheriff's Department is partnering on a pilot project for an in-custody mental health residential treatment program for sentenced inmates. The Sheriff's Department is working to identify eligible male inmates with mental illness who are at low risk for violent re-offense to complete the final 60 to 90 days of their sentence in a secure 42-bed community-based IMD Step-down facility. It is anticipated this program will begin serving the inmate population during the third quarter FY 15-16.

### **Reentry Services**

#### *Community Reentry and Resource Center (CRRC)*

CRRC assists inmates and their families by linking them to housing, treatment services, transportation, employment, and other resources. During the first quarter, 1,943 people utilized CRRC services.

#### *Affordable Care Act Enrollment*

In partnership with DHS, DPH, DMH, and the DPSS, the Sheriff's Department continues to enroll eligible sentenced inmates in Medi-Cal. The program has proven to be very successful. During the first quarter, Sheriff's staff processed 2,064 applications for Medi-Cal, and 478 inmates were confirmed to be enrolled. Of these enrollees, 101 were AB 109 inmates.

#### *Vital Records Program*

The Vital Records Program helps inmates acquire vital records needed to obtain employment and access social service resources. During the first quarter, 363 birth certificate applications were processed, and 217 birth certificates were provided. This included 137 birth certificates for AB 109 inmates.

In addition, the Sheriff's Department continues to partner with the California Department of Motor Vehicles (DMV) to provide California Identification Cards (ID) to sentenced inmates who have requested a replacement card. During the first quarter, 325 applications for ID cards were processed and 127 cards were issued – 93 of which were issued to inmates sentenced under AB 109.

## **DISTRICT ATTORNEY'S OFFICE**

### **Parole Revocation Section**

The District Attorney's Parole Revocation Section handles revocation cases in which PSPs or state parolees violate the terms of their supervision. To enhance efforts, the D.A.'s Office has assigned a single deputy district attorney to review and file both of parole and PRCS violations. The office has also

assigned a full-time Senior Investigator to assist with case investigations and, once cases are filed, assist in the service of any arrest warrant issued.

The D.A.'s Bureau of Investigation (BOI) has allocated additional resources to help monitor supervised populations. BOI resources are now provided for parole compliance checks and other crime suppression efforts.

CDCR's Division of Adult Parole Operations (DAPO) has assigned an agent to the D.A.'s Parole Revocation Section to help review misdemeanor filings against parolees, who may often serve little time even after a conviction and sentence. This coordination enables cases to be identified early on in which a revocation proceeding and custody sanction can be a more suitable response than a misdemeanor filing.

Finally, because Penal Code Section 3056 specifically precludes DAPO jurisdiction when parolees violate while in custody, the Parole Revocation Section is currently coordinating with the Sheriff Department's Jail Investigation Unit to establish a filing protocol for in-custody parole violations.

These efforts, while nascent, are expected to improve the revocation process and increase accountability of supervised populations. They are also expected to increase demands on the Parole Revocation Section at all staffing levels.

#### **AB109 Restitution Collection Efforts**

The District Attorney's Office chairs CCJCC's Restitution Collection Taskforce, which was established to develop proposals and procedures for the collection of restitution from realignment populations – a victim service gap that emerged following the passage of AB 109.

The taskforce presented analyses of the issue in August and September 2015, and your Board authorized the collection of victim restitution from AB 109 populations. The taskforce continues its work toward implementing restitution collection practices, and a [three-phase implementation plan](#) was submitted to your Board in December 2015. Collections are targeted to begin with the split sentence population on January 25, 2016, the PRCS population in Spring of 2016, and AB 109 jail inmates in early 2017.

#### **Bureau of Investigation**

BOI continues to dedicate two senior investigators to the multi-agency San Gabriel Valley East AB 109 Task Force. Their responsibilities include probation and parole compliance checks, investigative support, fugitive apprehension, critical incident rapid response, gang and narcotic suppression, crime analysis and proactive suppression, full surveillance support, and search warrant service.

Table 2 provides a summary of the task force's activity in the first quarter of FY 2015-16.

***Table 2 – San Gabriel Valley East AB 109 Task Force Activity***

	ARRESTS PSP's	ARRESTS NON- PSP's	TOTAL COMPLIANCE CHECKS	WEAPONS	NARCOTICS SEIZED (Grams)
JULY	8	40	111	1	28.4
AUGUST	7	17	71	1	17
SEPTEMBER	10	20	79	2	33
TOTAL	25	77	261	4	78.4

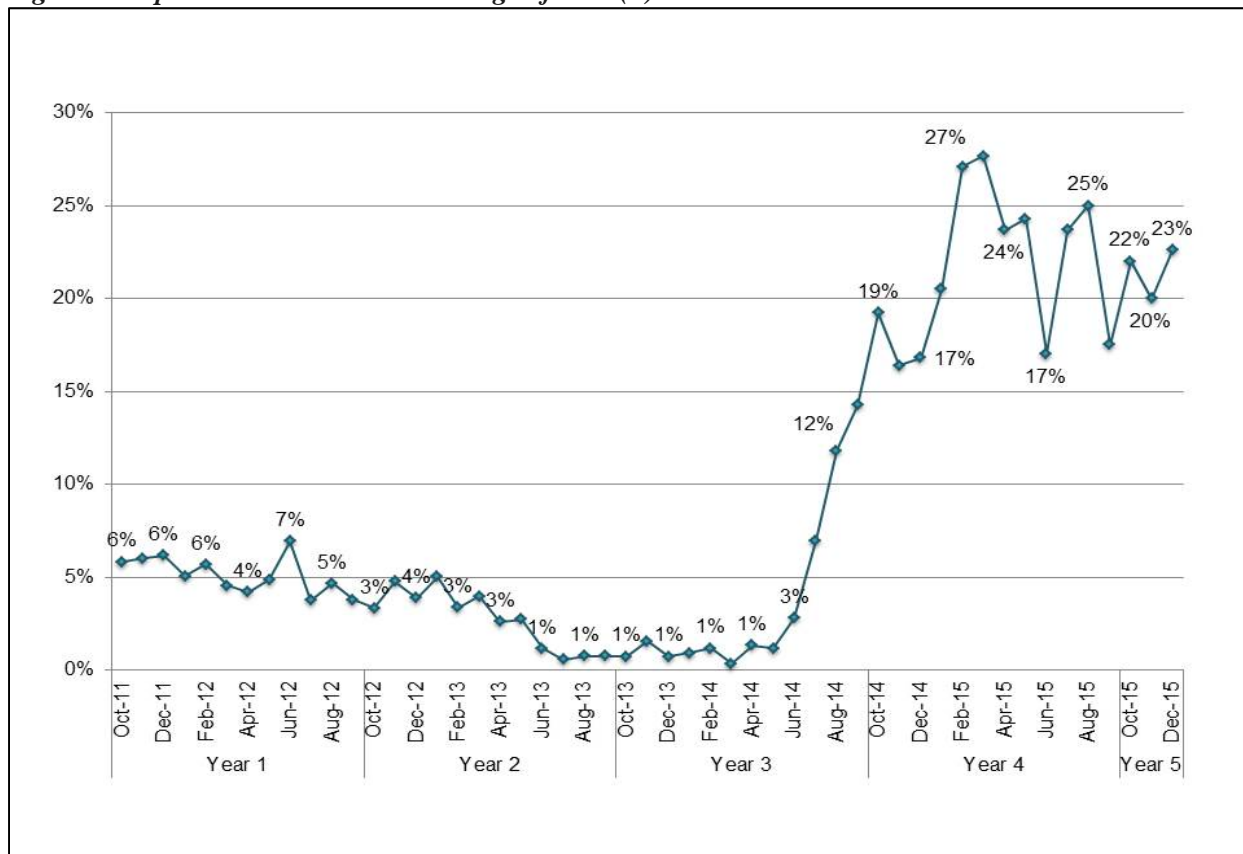
#### **OTHER UPDATES**

##### **Split Sentences**

PSRT continues to track the utilization of split sentences in AB 109 cases sentenced locally. As shown in Figure 6, the use of split sentences has hovered near the low 20% range for several months. In total, split

sentences were used in 22.4% of AB 109 cases between January and December 2015. Prior to the D.A.'s policy directive on split sentences in June 2014 and the implementation in January 2015 of AB 1468, split sentences were used in less than 4% of AB 109 cases in Los Angeles County.

**Figure 6 – Split Sentences as a Percentage of 1170(h) Sentences**



While the rate of split sentences in AB 109 cases has not increased in several months, it should be noted that over 52% of all felony sentences remain sentences to community supervision. That is because 49% of felony sentences result in formal probation. The vast majority of those cases are AB 109 eligible, but are instead sentenced locally to traditional probation.

One potential reason that certain felony cases are sentenced to probation rather than a split sentence under AB 109 is that the County has had no mechanism in place to collect victim restitution from split-sentenced individuals. As such, felony probation can be a preferred case disposition when restitution matters are present.

As referenced in the District Attorney's update, however, CCJCC's Restitution Collection Taskforce has developed a restitution collection implementation plan with collection from split-sentenced individuals beginning at the end of January 2016. The District Attorney's Office advises that in addition to assisting victims, a benefit of this is that it may remove an impediment to the use of split sentences in appropriate cases. PSRT will coordinate with the Restitution Collection Taskforce to monitor any changes to split sentence trends following commencement of collections.

#### **AB 109 Evaluation Project**

Probation's release of the Request for Services (RFS) solicitation to launch the AB 109 evaluation study is imminent. The department has incorporated changes in the statement of work based on feedback from

your Board offices and the National Institute of Corrections, funding has been allocated to support the project, and the MOU between CCJCC and Probation allowing Probation to utilize the Master Agreement (MA) for evaluation services has been executed. The RFS package is being finalized for release to MA vendors.

**Continued Treatment Services for Non-AB 109 Populations**

In October, your Board authorized departments that provide support and treatment services to AB 109 populations with realignment funding to expand the pool of eligible populations to non-AB 109 individuals. The Board also requested departments to track and report on the provision of services to the non-AB 109 population.

These Board actions were intended to ensure that individuals in need of supportive services do not have them discontinued simply because of an AB 109 status change, such as release from custody on an AB 109 sentence, re-sentence under Proposition 47, or termination of supervision. As a result, DMH, DPH-SAPC, and Probation are implementing processes for ensuring that services are not discontinued when supervision ends.

The Probation Department – which provides temporary housing services to individuals on AB 109 supervision through its HealthRIGHT 360 contract – reports that through November 30, 2015, there were 33 individuals who received housing services after their termination from PRCS due to Proposition 47.

DMH is currently able to track continued services for individuals who had a treatment condition of supervision but were subsequently released from supervision due to a Proposition 47 reduction. In the first quarter of FY 2015-16, there were 135 individuals who were receiving treatment at the time they were terminated from supervision. Of those, 40 individuals had a subsequent encounter with DMH for services, and 27 individuals had at least three subsequent encounters with DMH in obtaining treatment services.

It should be noted, however, that this DMH data only accounts for individuals who were previously on PRCS with a mandatory treatment condition. The tracking of services for individuals who had not been mandated to participate in treatment is challenging because, unless clients have a supervision treatment condition imposed, departments may not know if a client is or was previously subject to AB 109.

Departments continue to develop tracking methods – including potential matching of client records with previous AB 109 records – that will better enable departments to report on non-AB 109 populations served in future reports to your Board.

c: Chief Executive Officer  
Acting Executive Officer of the Board of Supervisors  
County Counsel  
CCJCC Members  
Civil Grand Jury

ISSUE	FY 2015-2016 KEY GOALS / OBJECTIVES / OUTCOME MEASURES Describe your key goals/objectives/outcome measures for the fiscal year.	STATUS UPDATE (Cumulative Year-to-Date) Report the year-to-date status for meeting your key goals/objectives/outcome measures.
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PROBATION DEPARTMENT

1. Community Supervision of PSPs and N3s

1A. Direct Supervision

AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).

SB 1968 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.

1B. HUB / Custody Liaison

PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.

1C. Pre-Release Center (PRC)

Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.

PSP pre-release State prison files (packets) are coming from 33 different State prisons.

2. CBO Services

A large number of PSPs are released from custody without employment prospects or housing.

This key goal/objective is to increase the number of LS/CMI risk assessments completed by supervision DPOs to 400 per month. During FY 2014/2015 Supervision DPOs completed 640 (53 per month) LS/CMI risk assessments. In order to facilitate case planning based on criminogenic risk/needs, the risk assessment needs to be updated every six months.

This key goal/objective is to increase the number of comprehensive case plans completed by supervision DPOs to at least 450 per month. During FY 2014/2015, supervision DPOs completed approximately 290 comprehensive case plans per months. Evidence shows that recidivism can only be reduced through case management efforts that effectively targets offender criminogenic needs.

This key goal/objective is to ensure that at least 80% of Split Sentenced supervised persons in LASD custody will be oriented by CRRC staff within 60 days of their anticipated release from custody. The Community Reentry Resource Center (CRRC) is located at the LASD Inmate Reception Center (IRC) and provides reentry referral services for newly released inmates. Probation staff assigned to the CRRC provide comprehensive intake, assessments, and orientation instructions, and referrals to supervised persons (PSPs, split-sentenced persons, and formal probationers) being released from custody Monday through Friday, 6 am to 6 pm.

This key goal/objective is to ensure that 95% of cases that are identified as possibly requiring mental health or medical housing, upon release from CDCR custody, are referred to these co-located staff for review of records and recommendations for services upon release. The Department houses co-located Department of Mental Health clinicians and Department of Health Services nurses and social workers at the PRC to assess mental health and medical needs of PSPs prior to their release into the community.

This key goal/objective is to work in cooperation with the contractor to facilitate the acquisition of a job for at least 40% of eligible supervised persons that participate in employment services. Through the employment services contract the Probation Department provides PSPs with employment preparation, placement, and retention services.

This goal/objective is to ensure that supervised persons released from CDCR custody who indicate they are homeless or transient have a housing referral in place upon release from custody. Through the housing contract the Department provides transitional housing services for up to 90 days with one extension of an additional 90 days with DPO approval.

During FY 2015/16 Q1, the Supervision DPOs completed 682 (227 per month) LS/CMI risk assessments.

During FY 2015/16 Q1, the Supervision DPOs completed 1490 (497 per month) case management plans.

During FY 2015/16 Q1, the Department was notified that there were 157 split-sentenced supervised persons) released. Of these clients, 147 (94%) were assessed and oriented by CRRC staff.

During FY 2015/16 Q1, the PRC identified 97 cases that required a mental health assessment. All of these cases (100%) were referred to DMH for the assessment.

During FY 2015/16 Q1, the PRC identified 232 cases with potential medical needs that required assistance. All of these cases (100%) were referred to DHS for review.

During FY 2015/16 Q1, there were 132 supervised persons that participated in the employment services program. Of these clients, 64 (48%), obtained employment.

During FY 2015/16 Q1, there were 180 inmates in CDCR custody who indicated they would be homeless or transient. The Department arranged for temporary housing for all of these cases (100%) upon their release from custody.

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SHERIFF'S DEPARTMENT			
1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of approximately 4,000 N3s.	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.	Average daily population: Q1: 4,104 N3s
2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provides credit toward an inmate's sentence upon successful completion of an EBI program.	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 inmates are awarded credits toward an inmate's sentence upon successful completion of qualified EBI classes and programs. Maximizing Education Reaching Individual Transformation (MERIT) Graduates - 3000, High School Diploma - 50, Women in Transition Support (WITS) -100, Gender Responsive Rehabilitation (GRR) - 500, and Miscellaneous Certificates - 2000.	1st Quarter 2015 -2016. MERIT - 520 Graduates, High School Diploma - 18, WITS and GRR off for Summer recess, Misc Certificates - 409. The Back on Track (BOT) Program was implemented in Feb. 2015 as a pilot program targeting AB109 inmates and includes both in-custody and out-of-custody "wrap around services" as a program to reduce recidivism. The BOT Program is still in the pilot stages and will undergo extensive evaluation over the next two years.
3. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	Train 255 male inmates at Pitchess Detention Center (PDC) Fire Training Center, and send 15 females to California Department of Corrections and Rehabilitation/California Institution for Women for fire training. Transfer 191 male inmates and 11 females to five Los Angeles County Fire Department camps.	Male Average Daily Population 74 N3s at the PDC training facility (180 bed capacity) 46 N3s transferred to fire camp this quarter 136 N3s in fire camps (418 bed capacity) 7.5 months average fire crew service 60 N3s completed their sentence during the quarter  Female Average Daily Population 4 N3s at the California Institute for Women (CIW) 4 N3s transferred to fire camp this quarter 12 N3s in fire camps (110 bed capacity) 4.6 months average fire crew service 5 N3s completed their sentence during this quarter
4. Alternatives to Custody (ATC) Programs	Provide residential substance abuse and/or mental health treatment in a community-based setting to eligible AB109 sentenced inmates during the final 90-120 days of their jail stay.	Maintain a minimum of 100 eligible AB109 sentenced inmates in ATC programming, contingent upon available funding.	There are currently 49 participants in place in programs identified: START 25; Female Project 17; Vets 5; Women with Children 1; Transitional Case Management 1; 31 of these inmates were placed during the 1st quarter (July-September). In addition to the placement of 31 ATC inmates, 22 successfully completed their program, and 7 were returned to custody.
5. Re-entry Services	Provide qualified AB109 sentenced inmates with the vital records they require to obtain employment following their release and enroll those who do not have medical insurance in Medi-Cal programs.	Enroll 350 eligible AB109 sentenced inmates in Medi-Cal annually. Obtain California Identification Cards for 450 eligible AB109 sentenced inmates annually. Obtain Birth Certificates for 400 eligible AB109 sentenced inmates annually.	During the 1st quarter, ACA officers processed 2064 applications for Medi-Cal. 478 were confirmed enrolled. Of these 478 enrollees, 101 were AB109 inmates. CTU obtained processed 325 requests for California ID Cards; 127 were issued including 93 for AB109 inmates; CTU processed 363 applications for Birth Certificates. 217 Birth Certificates were obtained including 137 for AB 109 inmates.
6. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	300 PSP Parolee At Large (PAL) arrests. Continue the use of alternative investigative resources. Work with law enforcement agencies outside of Los Angeles County, within California, to arrest absconders when located. Advise and encourage absconders to use treatment programs after arrest.	87 PSP PAL arrests.
	4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	3 PSP Extraditions	1 extradition from Las Vegas, Nevada
	4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	The California DOJ has developed a statewide integrated Post Release Community Supervision database. The database is a critical requirement for the effective management of the PRCS population. The Los Angeles County Sheriff Department's goal is to have all Department crime analysts retrieve and input information into the system on a daily basis and expand its use throughout the county.	California D.O.J. has added a new module to Smart Justice which is called "NLET". This module allows users to query DMV records and retrieve photos from other states. This investigative tool will help locate and verify absconders who have left the state.

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DEPARTMENT OF PUBLIC HEALTH			
1A. Community Based Services - Community Assessment Services Center (CASC)	CASCs conduct assessments to determine the severity of clients' Substance Use Disorder (SUD). Those with a positive assessment are referred to a contracted service provider.	<u>Show to Treatment</u> - In Fiscal Year (FY) 14-15, 43 percent AB 109 clients (with positive assessments) showed to treatment - For FY 15-16, increase show to treatment by 2 percent from 43 to 45 percent  NOTE: DPH-SAPC set a modest goal of 2 percent increase for show to treatment due to the difficulty of engaging the AB 109 population given their high risk to reoffend and difficult life circumstances (e.g., housing, employment, family, etc.).	Show to treatment is 49 percent
1B. Community Based Services - Treatment Activity	<p>Treatment Provider Network Services - AB109 mandated SUD treatment services be available to AB109 clients.</p> <p>NOTE: DPH will measure life and health outcomes associated with receiving SUD treatment. From inception to Year 3 of AB 109, data indicates a positive association between receiving SUD treatment and positive life and health outcomes (i.e., higher rates of job training and employment and lower rates of homelessness, primary substance use, hospitalizations, emergency room visits, and physical health problems). Furthermore, life and health outcomes were more favorable if AB 109 clients were discharged with positive compliance from treatment.</p> <p>The data supports the importance of receiving SUD treatment with positive compliance and for DPH to apply practices and policies to improve show to treatment and positive compliance rates.</p>	<p>a. Treatment Compliance</p> <p><u>Positive Compliance</u></p> <p>- In FY 14-15, 49 percent positive compliance</p> <p>- For FY 15-16, increase positive compliance by 2 percent from 49 to 51 percent</p> <p><u>Negative Compliance</u></p> <p>- In FY 14-15, 43 percent negative compliance</p> <p>- For FY 15-16, decrease negative compliance by 2 percent from 43 to 41 percent</p> <p>NOTE: DPH-SAPC set a modest goal of 2 percent increase for positive compliance and 2 percent decrease for negative compliance due to the difficulty of engaging the AB 109 population given their high risk to reoffend and difficult life circumstances (e.g., housing, employment, family, etc.).</p> <p>b. Outcomes</p> <p><u>Job Training</u></p> <p>- Percent increase in job training from admission to discharge</p> <p><u>Employment</u></p> <p>- Percent increase in employment from admission to discharge</p> <p><u>Homelessness</u></p> <p>- Percent decrease in homelessness from admission to discharge</p> <p><u>Primary Substance Use (in last 30 days)</u></p> <p>- Percent decrease in primary substance use from admission to discharge</p> <p><u>Hospitalizations</u></p> <p>- Percent decrease in hospitalizations from admission to discharge</p> <p><u>Emergency Room Visits</u></p> <p>- Percent decrease in emergency room visits from admission to discharge</p> <p><u>Physical Health Problems</u></p> <p>- Percent decrease in physical health problems from admission to discharge</p> <p>* DID NOT INCLUDE SPECIFIC PERCENTAGES DUE TO UNKNOWN IMPACT OF PROPOSITION 47.</p>	<p>Positive compliance is 50.6 percent and negative compliance is 45.7 percent.</p> <p><u>Outcomes</u></p> <p><u>Job Training</u></p> <p>- No changes in job training from admission to discharge (Outpatient Counseling clients only)</p> <p><u>Employment</u></p> <p>- Eight (8) percent increase in employment from admission to discharge (Outpatient counseling clients only)</p> <p><u>Homelessness</u></p> <p>- Fifteen (15) percent decrease in homelessness from admission to discharge</p> <p><u>Primary Substance Use (in last 30 days)</u></p> <p>- Fifty-four (54) percent decrease in primary substance use from admission to discharge</p> <p><u>Hospitalizations</u></p> <p>- Sixty-four (64) percent decrease in hospitalizations from admission to discharge</p> <p><u>Emergency Room Visits</u></p> <p>- Forty-four (44) percent decrease in emergency room visits from admission to discharge</p> <p><u>Physical Health Problems</u></p> <p>- Thirty-nine (39) percent decrease in physical health problems from admission to discharge</p>

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2. Proposed New Programs - Jail Health Substance Use Disorder Services	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody population.	<u>Number of Individuals Receiving the Following Services (cumulative):</u> - Number of clients receiving drug education - Number of clients receiving in-custody SUD treatment - Percent of positive compliance to treatment	Project has not commenced; currently in discussion with Los Angeles County Sheriff's Department and County of Los Angeles - Department of Health Services.
	3A. Administrative Oversight - Training/Technical Assistance	<u>Trainings/Technical Assistance</u> - Provide 4 trainings (e.g., evidence-based practices, cultural competence, data management, etc.) - Provide technical assistance to address emerging AB 109 issues and establish recommendations that improve the assessment and treatment process of the AB 109 SUD treatment system of care.	The following trainings have been conducted: - New provider orientation for recently contracted AB 109 providers - DPH-SAPC's Encounters Billing System - DPH-SAPC's Los Angeles County Reporting System  Technical assistance is on-going
	3B. Administrative Oversight - Contract Monitoring	<u>Contract Monitoring</u> - DPH-SAPC staff will provide AB 109 contracted providers with ongoing programmatic, contractual, and fiscal oversight.	Contract monitoring is on-going.
<b>FIRE DEPARTMENT</b>			
<b>FIRE</b>	1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	Training 300 N3 inmates.  For the 1st Quarter: 57 N3 inmates trained in 2 classes.
	2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	Placing 75% (225) N3 inmates into the Fire Camps and supporting firefighting operations across the state.  For the 1st Quarter: 42 of 57 inmates placed in a Fire Camp (74%), and 42 inmates that served on a crew providing fire suppression services.



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DEPARTMENT OF MENTAL HEALTH				
D M H	1. Administration & Oversight	<u>Countywide Resource Management (CRM)</u>  Centralized coordination and monitoring of AB109 community-based services.	CRM will utilize a contract monitoring tool to evaluate at least 10 randomly selected charts annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June, 2016.  Recidivism rates for male and female clients assessed at the HUBs will remain the 29% and 27% respectively.	<u>Quarter 1:</u> CRM utilized a contract monitoring tool and client satisfaction survey and evaluated 6 randomly selected charts from contract providers.  <u>First quarter of FY15-16:</u> 1120 male clients were assessed at the HUBs. Of those, 486 males (43%) were successfully linked. Of the 486 successfully linked males, 107 (22%) were subsequently booked on a flash or new offense. 170 female clients were assessed at the HUBs. Of those, 72 females (42%) were successfully linked. Of the 72 successfully linked females, 9 (13%) were subsequently booked on a flash or new offense.
	2. Community Based Services	<u>2A. Locked Facilities:</u> Locked facilities including State Hospital beds for individuals in need of the most secure and intensive level of mental health services; IMDs provide locked long-term mental health residential treatment; In-patient contract services provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute fee-for-service hospitals.	To provide State Hospital, IMD, and In-patient level of care as needed	<u>First quarter of FY 15-16:</u> State Hospital 1st Qtr: 1 client served in a State Hospital IMD: 22 clients served in an IMD Inpatient (FFS): 116 clients recieved inpatient services (601 claims made). PDP: 0 clients were linked to PDP servies Short-Doyle: 0 clients were linked to SD services County Hospitals: 205 clients were served in County hospitals
		<u>2B. Unlocked Facilities:</u> IMD Step-downs provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units and jails; Crisis Services/Urgent Care contracts provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms; General Outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.	To provide IMD Step-Down, outpatient, Co-occurring disorders treatment services, and crisis and urgent care services as needed.	<u>First Quarter of FY15-16:</u> IMD Step-Down: 160 clients were linked to an IMD Step-Down Urgent Care Centers: 440 clients were linked to a UCC Crisis Residential: 12 clients were linked to a Crisis Residential facility  <u>Outpatient</u> 522 male clients received Outpatient services. Of those 522, 72 (14%) were subsequently booked on a flash or new offense. 69 female clients received Outpatient services. Of those 69, 8 (12%) were subsequently booked on a flash or new offense.
		<u>2C. Training</u>  Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.  Specialized AB109 Trainings:  Design an AB109-specific training curriculum in concert with the Training Bureau.  Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.	Six specialized trainings will be developed and presented to DMH AB109 contract-agency and directly-operated staff: <ul style="list-style-type: none"><li>• Critical Time Intervention</li><li>• Breaking the Chains of Incarceration and Jail In-Reach and Post Release Community Services</li><li>• Assessment and Treatment of Antisocial Personality Disorders</li><li>• Risk, Needs, Responsivity Model of Offender Rehabilitation</li><li>• Treating Sex Offenders</li><li>• Moral Reconation Therapy</li></ul> Each training session will train 35-50 DMH and contracted provider staff.	For quarter 1, one AB109 training was implemented:  September 10, 2015: Critical Time Intervention (CTI) for the AB109 Program.

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3A. <u>Mental Health Court Program (MHCP)</u>  Same day mental health screenings of PRCs at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.	100% PRCs entering the revocation process through the courts will be assessed for mental health/COD services, and as necessitated, referred to services.  1,000 clients will be reconnected or newly connected with services.  600 (60%) will actually show to treatment (successful linkage).  Recidivism rates for FY 2015-16 will remain at 65% or less.	<u>1st Quarter:</u> 100% of PRCs clients who were referred for mental health screenings in Revocation Court were seen. 462 unique clients from MHCP were reconnected or newly connected with services during the revocation process. Of those 462, 200 (43%) were successfully linked (showed to treatment). of the 200 clients who were successfully linked to services,179 (90%) were booked on a flash or new offense.
3B. <u>Men's Jail Mental Health Services Jail Linkage and In-Reach Program (JMHS)</u>  Men's JMHS Jail Linkage and In-Reach Program provides services to men in mental health housing and in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	Increase the existing benchmark by at least 5% for number of Men's JMHS clients that will receive community re-entry planning services.  <u>Post-Release Treatment (Male AB 109)</u> 50% of clients referred to CRM will be successfully linked to community services upon release from jail.  <u>Recidivism</u> Recidivism rates will remain under 36%.	<u>1st Quarter:</u> 228 of Men's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 75 (33%) of the 228 clients were successfully linked to community services upon release from jail. 25 (33%) of the 75 Men's JMHS clients who were successfully linked to community services were subsequently booked on a flash or new offense.
3C. <u>Women's Jail Mental Health Services Jail Linkage and In-Reach Program (JMHS)</u>  AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	Increase the existing benchmark by at least 5% for number of Women's JMHS clients that will receive community re-entry planning services.  <u>Post-Release Treatment</u> 50% of clients that received community re-entry planning services will be successfully linked to community services upon release from jail.  <u>Recidivism</u> Recidivism rates will remain under 36%.	<u>1st Quarter:</u> 46 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 14 (30%) of the 46 clients were successfully linked to community services upon release from jail. 4 (29%) of the 14 Women's JMHS clients who were successfully linked to community services were subsequently booked on a flash or new offense.
3D. <u>Jail In-Reach Program</u>  DMH funded AB109 providers and jail linkage staff to collaborate in actively engaging inmates prior to release in continuing MH and COD treatment programs in the community.	Continue co-facilitating weekly community readiness and re-entry groups.  <u>Re-Entry Planning Services</u> 20% of Men's and Women's AB109 clients will receive Jail In-Reach services.  <u>Post-Release Treatment</u> 50% of Men's and Women's AB109 clients that recieve Jail in-reach services will be successfully linked to community services upon release from jail.	<u>1st Qtr:</u> 108 males received jail community re-entry planning services.  32 (30%) of the 108 Male clients were AB109. 14 (44%) of the 32 AB109 male clients were successfully linked to community services upon release from jail. 3 of the 14 (21%) were subsequently booked on a flash or new offense.  15 females recieved jail community re-entry planning services. 10 (67%) of the 15 female clients were AB109. 1 (10%) of the 10 AB109 female clients was successfully linked to community services upon release from jail. 0 of the 1 (0%) was subsequently booked on a flash or new offense.

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D H S			
DEPARTMENT OF HEALTH SERVICES			
1. Inmate Medical Services at LAC+USC Medical Center	AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.	<p>1. Provide a minimum of 2,500 specialty care visits, 750 Emergency Department visits and 300 inpatient admissions annually at LAC+USC Medical Center to the N3 population.</p> <p>2. Maintain an average wait time of 30 days or less for specialty care appointments for N3 inmates.</p> <p>3. Provide care coordination for a minimum of 100 N3 inmates per quarter who require ongoing/lengthy medical services or have complicated conditions.</p>	<p>1. 1st Qtr there were 367 N3 specialty visits which includes ancillary encounters and 98 ED visits. For inpatient services, there were 50 total N3 patients admitted with 202 total patient days. There were 38 new N3 admissions to the jail ward and 12 new N3 admission off ward. The average LOS for the N3 population was 4.04 days.</p> <p>2. In Q1, the average time from the submission of a specialty care consult to the scheduling of an appointment was 8.8 days. The turnaround time from consult initiation until the date of an appointment was 31.75 days. Excluding Podiatry and Ophthalmology, which have higher wait times, the average turnaround time for other specialties was 22.8 days.</p> <p>3. During Q1 FY15-16 there were 82 patients whose care was coordinated for Hi-Risk OB/Gyn issues and 63 care coordination activities for inmates requiring other specialty services for a total of 145 care coordinated cases.</p>
2. PRCS Medical Care Coordination	PRCS who are medically fragile or have complex medical issues were being released from State prison with little to no planning for how to provide them the medical services they need.	<p>1. All pre-release packets for inmates designated by CDCR as medically high or medium risk, and all CDCR medical record uploads (sent for all medically high and medium risk inmates) will be reviewed by DHS AB 109 staff prior to inmate release.</p> <p>2. Care management will be provided by DHS staff for a minimum of 80 PRCS per month.</p> <p>3. All PRCS designated as medically high risk by CDCR or DHS staff will be monitored monthly via Probation reports to assess if active care management is required.</p>	<p>1. From July-Sept 2015, a total of 455 pre-release packets and 254 CDCR medical record uploads were reviewed for inmates designated by CDCR as medically high or medium risk. This accounted for all packets and uploads available to DHS AB 109 staff.</p> <p>2. Care management was provided for a total of 72 PSPs in July 2015, including 19 new cases; 88 (17 new) in August and 107 (14 new) in September.</p> <p>3. DHS staff monitored a total of 124 medically high risk PSPs via Probation reports in July 2015, 192 in August, and 258 in September. Of those, some required no further action that month: 52 in July, 104 in August, and 151 in September, with the remainder requiring care coordination activities, as included in #2 above.</p>
3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	Facilitate placement of a minimum of 20 PRCS or N3 releasees requiring medically fragile housing into appropriate settings, using the DHS Flexible Housing Subsidy Pool mechanism as needed.	In Q1, DHS staff facilitated placement for 2 PSPs in Board and Care settings, one of which did not require the use of the Flexible Housing Subsidy Pool mechanism, and one for which this mechanism was used. DHS staff also helped facilitate placement of two PSPs in group/transitional homes, one PSP in Recuperative Care, and one in a residential mental health facility.
4. Integrated Jail Health Services	Changes to jail medical and mental health services are being implemented to improve quality and delivery of care and to transform services into an integrated model addressing physical health, mental health and substance use disorder issues.	<p>1. By end of FY2015-16 implement a revamped and functional "sick call" system within the LASD facilities, by which inmates seeking medical services communicate their requests and receive necessary assessment and services.</p> <p>2. By end of FY2015-16 implement a new system for managing inmates in need of acute substance detoxification and make this enhanced service available to at least 100 inmates.</p> <p>3. By end of FY 2015-16 create a protocol to provide relevant clinical information (i.e., problem lists, medication lists, procedure notes) for inmates with medical, mental health or substance use conditions with community providers, as designated by the patient, so the inmate-patients can successfully transition their care to a community provider.</p> <p>4. By end of FY2015-16 have an implementation plan, secure a provider and begin providing mental health services to inmate-patients with moderate to severe mental illness at a LASD North County detention center.</p>	<p>1. Data has been collected regarding the current sick call process. Two expert correctional health consultants have been retained and have started working with the interim integrated jail health services leadership team to implement an improved sick call process to improve access to care for people in custody. A phase I new sick call protocol may be implemented by FY 15-16 Q3.</p> <p>2. The interim integrated jail health services leadership team is working with Inmate Reception Center staff to create a specific housing location with dedicated staff where inmates with symptoms of withdrawal and in need of safe and closely monitored detox care can receive this care. Data has been collected and analyzed on the level of need in the IRC over the course of many weeks and now efforts are focusing on defining staffing needs, done within existing staffing, and identifying a convenient location within the jails where these services can be provided.</p> <p>3. This effort has not yet begun. Once the director of Care Transition is recruited this will be a priority. DHS has already created such a system for AB109 inmates returning from State Prison into the community so there is a precedence for such a protocol and a clear vision for how such a protocol can be implemented. Another rate limiting step is the current "enhancement" being implemented to the LASD electronic medical record system, JHIS. This may be completed in the next 3 months and is a current priority for LASD IT staff.</p> <p>4. The Integrated Jail Health Services leadership team is had developed a plan to provide services in North County to between 200-400 inmate patients who are currently living in moderate observation housing (MOH) at Twin Towers. The space has been identified. Nursing staff have also been identified. Now, the team is working to secure a provider group to provide the clinical care. Next step is to pursue a targeted solicitation for this provider group in the next 2-3 months.</p>

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5. AB 109 Community Health Worker Program	N3 inmates with medical conditions requiring follow-up post-release often need help navigating to appropriate community-based services.	<p>1. By June 30, 2016, recruit, hire and train a minimum of 10 Community Health Workers to provide inreach in the jail and reentry healthcare navigation for N3 inmates upon release to the community.</p> <p>2. By June 30, 2016, inreach to a minimum of 200 inmates and provide reentry healthcare navigation for a minimum of 100 inmates post-release.</p>	<p>1. 10 positions have been identified within DHS which can be used for the first year of this initiative as we prepare for a budget submission for permanent positions dedicated to the Jail based Community Health Worker project.</p> <p>2. DHS has worked with WERC to begin planning the training component of this initiative. Next steps will include discussions with LASD on implementing this training for identified eligible applicants who may be currently incarcerated. Also, curricula that focus on the service needs of the reentry population and the N3 population in specific will be developed.</p> <p>3. An In-Reach tracking tool is being discussed and developed so In-Reach activities can be better tracked, coordinated and evaluated.</p>
<b>CHIEF EXECUTIVE OFFICE</b>			
AB109 Program Oversight	Centralized monitoring of AB109 budget.	Provide quarterly budget reports.	A quarterly budget report was provided for the 1st Quarter of Fiscal Year 2015-2016.
<b>AUDITOR-CONTROLLER</b>			
1. Claims Processing	Review and process realignment claims as submitted by the departments.	<p>1. Review and process realignment claims as submitted by the departments. Quarterly claims deadline for FY 2015-16 has been established.</p> <p>2. Update Realignment Amounts Received and Disbursed schedule on a monthly basis and reconcile to eCAPS.</p> <p>3. Update AB109 Qualified Expenditures Certification Summary quarterly.</p> <p>4. Update AB109 Qualified Expenditures Certification form and the corresponding instructions.</p> <p>5. Set up new chart of accounts (Unit, Org, ORGINF) and update realignment funding matrix, as needed.</p>	<p>1. Reviewed the first quarter realignment claims as submitted by the departments.</p> <p>2. Updated Realignment Amounts Received and Disbursed schedule as of October 31, 2015.</p> <p>3. Updated AB109 Qualified Expenditures Certification Summary for the first quarter (July - September).</p> <p>4. Have not started on update yet.</p> <p>5. The eCAPS chart of accounts and matrix has been updated to account for AB109 Diversion and Re-entry.</p>
2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	<p>1. Complete the Fiscal Year (FY) 2014-15 audits.</p> <p>2. Issue the final FY 2014-15 audit reports for Sheriff's Department, Probation, Mental Health (combined with FY 2013-14), and Lower Risk Departments.</p>	<p>1. All audits are complete as of 9/30/15.</p> <p>2. Report for Sheriff's issued 10/9/15. Reports for Probation, Mental Health, and Lower Risk Departments are near complete or in review by Audit management.</p>
<b>CCJCC</b>			
1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	<ul style="list-style-type: none"> <li>Implement PSRT process for reviewing AB109 project proposals;</li> <li>Initiate development of scope of work for a global AB109 outcome study;</li> <li>Conduct competitive process for vendor selection.</li> </ul>	<p>1. CCJCC, Probation Department, Department of Mental Health (DMH), Sheriff's Department, and the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) finalized the scope of work for a comprehensive evaluation of AB 109.</p> <p>2. CCJCC provided the Probation Department with all required information for utilizing the Master Agreement for the AB 109 evaluation and is prepared to assist Probation with the solicitation release upon completion of the solicitation package.</p>
2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Coordination of all PSRT and PSRT workgroup meetings and submission of implementation reports to the Board as requested.	<p>During the first quarter, CCJCC coordinated meetings of the Public Safety Realignment Team, Parole Revocation/Legal Workgroup, and Treatment Workgroup.</p> <p>CCJCC coordinated and developed the AB 109 report that was presented at the Board Meeting on October 6, 2015.</p> <p>CCJCC continues to coordinate ongoing data collection that can support future evaluations and reports to the Board.</p> <p>As directed by the Board, CCJCC has convened several meetings to develop policies and procedures for collecting restitution from individuals involved with AB 109. A report on this issue was presented to the Board and discussed at the August 4, 2015 and September 15, 2015 Board meetings. Following those presentations, the Board authorized restitution collection from AB 109 populations.</p>

ISSUE	FY 2015-2016 KEY GOALS / OBJECTIVES / OUTCOME MEASURES Describe your key goals/objectives/outcome measures for the fiscal year.	STATUS UPDATE (Cumulative Year-to-Date) Report the year-to-date status for meeting your key goals/objectives/outcome measures.
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I S A B	<b>ISAB</b> Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	1. Perform reconciliation of PSP data with the Probation APS system.  2. Perform statistical data gathering for the Process and Outcome study being conducted by the LA County Police Chiefs through CAL State LA.  3. Upgrade of Attunity Replicate database replication tool from version 3.0 to version 4.0. in both JAIMS development/test and production environments.  4. Modify JAIMS database replication tool to point to the new CCHRS database as a result of the CCHRS database upgrade from Oracle 11.1 to Oracle 12c.	1. Development of programming modules for data reconciliation is underway.  2. Meeting with CAL State LA researcher to be held October 30 to discuss requirements for the data gathering and integration of available N3 data with Department of Mental Health and Department of Public Health data.  3 & 4. Attunity Replication upgrade to be performed alongside the CCHRS data source change as a one-shot effort as the two are dependent tasks. CCHRS system is still undergoing upgrade process.
	<b>TOTAL GENERAL OPERATIONS BUDGET</b>			
	<b>DISTRICT ATTORNEY</b>			
	D A Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	1. Continue to work with the Division of Adult Parole Operations and the Department of Probation to more effectively prosecute violations of Postrelease Community Supervision and traditional parole. 2. Continue to develop a filing protocol for District Attorney filing of violations of PRCS and traditional parole and work with the Bureau of Investigation to ensure that warrants are served promptly to ensure community safety. 3. Develop and implement a protocol for working with the Bureau of Investigation to investigate violations of PRCS and parole. 4. Continue to work with DAPO, Probation and the Superior Court to improve the efficiency of the current parole revocation system specifically pertaining to discovery compliance and the provision of crime reports in a timely manner.	Department 80 (Parole evidentiary hearings) 609 matters  Department 81 (Parole arraignments and pleas with occasional probable cause hearings): 901 matters  Department 82 (PRCS prehearing conferences and full evidentiary hearings): 903 matters  Department 83 (PRCS arraignments, settlements, warrant pick-ups, and some prehearing conferences): 1,373 warrants and 733 calendar matters
P D	<b>PUBLIC DEFENDER</b>			
	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	The objective is to provide legal representation of PRCS and parolees who are facing revocation. The outcome measure is the number of new cases represented by the Department.	New Cases Department 83 (PRCS): 1,692 Department 81 (Parole): 870 Total Cases: 2,562
A P D	<b>ALTERNATE PUBLIC DEFENDER</b>			
	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	The objective is to provide legal representation of PRCS and parolees who are facing revocation. The outcome measure is the number of new cases represented by the Department.	CDC 140 cases PRCS 336 cases



Draft

**FY 2015-16 PUBLIC SAFETY REALIGNMENT (AB109)**  
**Summary of Department Budget and Claims**  
 (as of September 30, 2015)

## Attachment B

DEPARTMENT	BUDGET	STAFF	1 <sup>ST</sup> QTR CLAIM	2 <sup>ND</sup> QTR CLAIM	3rd QTR CLAIM	4th QTR CLAIM	TOTAL CLAIMS (1st-4th QTRS)	1 <sup>ST</sup> QTR REIMBURSEMENT	2 <sup>ND</sup> QTR REIMBURSEMENT	3rd QTR REIMBURSEMENT	4th QTR REIMBURSEMENT	TOTAL REIMBURSEMENTS (1st-4th QTRS)	UNREIMBURSED COSTS*	HIRED STAFF
Probation	\$ 81,578,000	506	\$ 19,210,935	\$ -	\$ -	\$ -	\$ 19,210,935	\$ 19,210,935	\$ -	\$ -	\$ -	\$ 19,210,935	\$ -	393
Sheriff	\$ 184,314,000	577	\$ 55,024,275	\$ -	\$ -	\$ -	\$ 55,024,275	\$ 55,024,275	\$ -	\$ -	\$ -	\$ 55,024,275	\$ -	474
Fire	\$ 5,745,000	0	\$ 1,321,350	\$ -	\$ -	\$ -	\$ 1,321,350	\$ 1,321,350	\$ -	\$ -	\$ -	\$ 1,321,350	\$ -	0
Department of Public Health (DPH)	\$ 17,780,000	14	\$ 2,022,276	\$ -	\$ -	\$ -	\$ 2,022,276	\$ 2,022,276	\$ -	\$ -	\$ -	\$ 2,022,276	\$ -	11
Department of Mental Health (DMH)	\$ 34,481,000	80	\$ 3,539,695	\$ -	\$ -	\$ -	\$ 3,539,695	\$ 3,539,695	\$ -	\$ -	\$ -	\$ 3,539,695	\$ -	70
Department of Health Services (DHS)	\$ 19,718,000	50	\$ 1,361,369	\$ -	\$ -	\$ -	\$ 1,361,369	\$ 1,361,369	\$ -	\$ -	\$ -	\$ 1,361,369	\$ -	38
Chief Executive Office (CEO)	\$ 319,000	1	\$ 75,385	\$ -	\$ -	\$ -	\$ 75,385	\$ 75,385	\$ -	\$ -	\$ -	\$ 75,385	\$ -	1
Auditor-Controller (A-C)	\$ 306,000	1	\$ 91,192	\$ -	\$ -	\$ -	\$ 91,192	\$ 91,192	\$ -	\$ -	\$ -	\$ 91,192	\$ -	1
Board of Supervisors (CCJCC + PSRT)	\$ 3,186,000	1	\$ 47,268	\$ -	\$ -	\$ -	\$ 47,268	\$ 47,268	\$ -	\$ -	\$ -	\$ 47,268	\$ -	0
Board of Supervisors (ISAB)	\$ 1,019,000	1	\$ 360,000	\$ -	\$ -	\$ -	\$ 360,000	\$ 360,000	\$ -	\$ -	\$ -	\$ 360,000	\$ -	0
District Attorney (DA)	\$ 439,000	5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Office of Diversion & Re-Entry (OD&R)	\$ 7,600,000	6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
<b>Total General Operations Budget</b>	<b>\$ 356,485,000</b>	<b>1,242</b>	<b>\$ 83,053,744</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 83,053,744</b>	<b>\$ 83,053,744</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 83,053,744</b>	<b>\$ -</b>	<b>988</b>
District Attorney (DA)	\$ 4,043,000	19	\$ 858,500	\$ -	\$ -	\$ -	\$ 858,500	\$ 858,500	\$ -	\$ -	\$ -	\$ 858,500	\$ -	17
Public Defender (PD)	\$ 2,887,000	13	\$ 622,272	\$ -	\$ -	\$ -	\$ 622,272	\$ 622,272	\$ -	\$ -	\$ -	\$ 622,272	\$ -	12
Alternate Public Defender (APD)	\$ 1,456,000	5	\$ 255,433	\$ -	\$ -	\$ -	\$ 255,433	\$ 255,433	\$ -	\$ -	\$ -	\$ 255,433	\$ -	5
Conflict Panel	\$ 50,000	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
<b>Total Revocation Budget</b>	<b>\$ 8,436,000</b>	<b>37</b>	<b>\$ 1,736,205</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,736,205</b>	<b>\$ 1,736,205</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,736,205</b>	<b>\$ -</b>	<b>34</b>
<b>TOTAL AB109 BUDGET</b>	<b>\$ 364,921,000</b>	<b>1,279</b>	<b>\$ 84,789,950</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 84,789,950</b>	<b>\$ 84,789,950</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 84,789,950</b>	<b>\$ -</b>	<b>1,022</b>

\*At the end of the fiscal year, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining allocations from other departments or tap into the AB109 Reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. \*\*\$347,157,000 State budget allocation + \$17,764,000 carried-over from FY 2014-15 for a total AB109 budget of \$364,921,000.

**AB 109 Credit Earning Summary**

Program	Penal Code	Credit Earned	Qualifying
Good Time/Work Time	4019	Day-for-Day (1:1)	All Sentenced Inmates
Conservation Work Program	4019.1 PC	One and One-half-for One (1.5:1)	All Sentenced Inmates
Fire Camp	4019.2 PC	Two-for-One (2:1)	AB 109 Sentenced Inmates
Milestone	4019.4 PC	Up to 6 weeks per year	AB 109 Sentenced Inmates

**Public Safety Realignment  
Summary of Implementation Data**

OCT 2014

NOV 2014

DEC 2014

JAN 2015

FEB 2015

MAR 2015

APR 2015

MAY 2015

JUN 2015

JUL 2015

AUG 2015

SEP 2015

Total

**Postrelease Community Supervision**

**Pre-Release Packets**

1	No. pre-release packets received	652	484	468	526	503	552	539	552	475	488	488	495	6,222
2	No. pre-release packets processed	718	518	461	436	493	603	490	603	361	461	527	496	6,167
3	No. pre-release packets deemed ineligible (of those processed)	10	7	96	20	19	18	14	11	8	11	14	14	242
4	No. PSPs released with Special Handling Requirements	7	8	9	6	1	4	6	3	3	3	2	1	53
5	No. of PSPs released as registered sex offenders	42	5	14	12	11	19	22	19	28	17	16	20	225
6	No. address verifications conducted	265	169	226	170	217	317	210	207	215	163	113	264	2,536
7	No. homeless/transient PSPs per CDCR	20	57	51	67	70	60	67	63	24	43	7	23	552

**PSP Reporting Population**

8	No. PSPs released to County per pre-release packet dates	540	443	550	606	521	607	695	607	635	576	544	603	6,927
9	No. PSPs directly released to County per CDCR LEADS	522	482	513	539	417	455	440	433	428	417	388	439	5,473
10	No. PSPs released to Federal custody with ICE detainer	15	20	25	26	26	27	22	27	23	17	23	22	273
11	No. of PSPs released to the community by ICE	1	1	1	0	5	1	1	3	0	1	0	3	17
12	No. PSPs released to other jurisdiction custody	26	22	28	31	18	25	27	25	28	28	27	31	316
13	No. PSPs transferred to L.A. County from other counties	36	24	30	18	40	27	19	27	26	29	20	7	303
14	No. PSPs transferred from L.A. County to other jurisdictions	33	31	30	39	34	32	22	32	19	9	13	2	296
15	No. PSPs processed at hubs (intake/assessment)	495	371	513	465	421	422	394	389	448	432	366	415	5,131
16	Male	462	348	477	438	385	406	368	361	414	404	338	399	4,800
17	Female	33	23	36	27	36	16	26	28	34	28	28	16	331
18	No. PSPs by risk tier, as assessed at hubs:													
19	Low Risk	2	1	7	5	3	3	3	4	5	5	1	4	43
20	Male	1	1	7	4	2	2	1	4	3	4	1	3	33
21	Female	1	0	0	1	1	1	2	0	2	1	0	1	10
22	Medium Risk	76	76	114	84	83	88	82	110	112	91	83	86	1,085
23	Male	65	72	101	75	73	86	77	101	103	89	74	84	1,000
24	Female	11	4	13	9	10	2	5	9	9	2	9	2	85
25	High Risk	355	261	343	330	299	298	263	240	293	299	253	274	3,508
26	Male	335	242	323	315	277	286	246	223	273	278	235	262	3,295
27	Female	20	19	20	15	22	12	17	17	20	21	18	12	213
28	Very High Risk	62	33	49	46	36	33	46	35	38	37	29	51	495
29	Male	61	33	46	44	33	32	44	33	35	33	28	50	472
30	Female	1	0	3	2	3	1	2	2	3	4	1	1	23
31	No. PSPs who are veterans	16	10	6	9	7	17	5	5	5	10	7	0	97

**PSP "No-Show" and Absconder Population**

32	No. "no-show" notifications to Sheriff	16	9	12	21	31	28	19	28	18	17	18	23	240
33	No. Sheriff and LAPD attempts to contact "no-show" PSPs	9	8	14	21	31	28	19	22	18	17	19	19	225
34	No. warrants requested for absconders*	677	446	672	531	615	556	616	556	549	601	562	535	6,916



## Public Safety Realignment Summary of Implementation Data

	OCT 2014	NOV 2014	DEC 2014	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEP 2015	Total
35 All warrants issued	574	491	644	539	638	559	656	494	516	615	567	545	<b>6,838</b>
36 All warrants recalled	438	364	492	523	569	572	564	519	555	542	510	525	<b>6,173</b>
37 No. of active warrants remaining**	3,380	3,485	3,633	3,404	3,461	3,444	3,533	3,468	3,375	3,448	3,512	3,532	<b>3,532</b>

\* Does not include the number of Deportation Warrants. An additional 214 Deportation warrants were requested through September 2015.

\*\*The number of active warrants remaining is cumulative and includes remaining warrants from previous months. Number of active warrants includes 1,387 Deportation Warrants through the month of September 2015.

### PSP Violations/Revocations/New Charges

38 No. of petitions for revocations (other than warrants)	109	87	84	86	114	106	94	106	105	73	69	78	<b>1,111</b>
39 Pending Revocation Hearing	0	8	0	9	2	2	2	2	1	1	0	0	
40 No. of Revocation Hearing Cases Heard	400	182	328	557	399	454	583	383	570	479	449	481	<b>5,265</b>
41 Revocation Results													
42 Custody 1 - 10 days	0	0	1	0	0	0	1	0	0	0	0	0	<b>2</b>
43 Custody 11 - 45 days	5	4	10	8	9	21	9	2	7	11	13	6	<b>105</b>
44 Custody 46 - 90 days	64	39	40	34	65	60	75	32	59	45	38	44	<b>595</b>
45 Custody 91 - 180 days	229	86	186	174	167	186	168	195	226	167	151	185	<b>2,120</b>
46 Custody days, other	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
47 Other (Continuances, Bench Warrants, etc.)	102	53	91	321	158	187	330	154	278	256	247	214	<b>2,391</b>
48 No. of PSP arrests / bookings	1,048	930	1,073	1,260	1,204	1,303	1,311	1,304	1,285	1,283	1,333	1,391	<b>14,725</b>
49 No. arrests/bookings for prior matters	45	49	63	65	58	63	52	43	66	44	57	71	<b>676</b>
50 No. arrests/bookings for new offenses and flash incarcerations	976	848	964	1,162	1,110	1,211	1,232	1,234	1,191	1,239	1,276	1,320	<b>13,763</b>

### Sanctions

51 No. of verbal warnings	300	217	281	313	345	350	253	226	252	228	229	191	<b>3,185</b>
52 Increase reporting (to DPO) requirements	46	41	41	38	54	57	58	45	40	25	30	23	<b>498</b>
53 Additional conditions of supervision	5	3	1	4	2	7	2	2	3	3	3	1	<b>36</b>
54 PAAWS (Cal Trans)	6	5	3	3	5	2	2	7	9	11	5	5	<b>63</b>
55 Referral to Treatment Program	21	17	25	24	37	65	78	81	59	69	55	40	<b>571</b>
56 Flash incarceration (Supervision and Warrants)	739	680	762	873	820	805	750	726	696	621	609	645	<b>8,726</b>
57 GPS/EM	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>

### Mental Health Treatment Services

58 No. of pre-release packets forwarded to DMH for review at PRC	103	82	70	36	53	65	28	65	34	27	121	115	<b>799</b>
59 No. of mental health treatment conditions added by Probation***	162	137	145	83	75	139	94	139	100	83	118	99	<b>1,374</b>
60 No. DMH determinations -- treatment needed	197	157	205	216	203	219	240	194	219	286	210	293	<b>2,639</b>
61 No. of PSPs refusing Mental Health Services at Hubs	2	1	0	5	0	1	0	0	1	0	2	1	<b>13</b>

\*\*\* Data are reported according to the PSP month of release.

## Public Safety Realignment Summary of Implementation Data

OCT 2014  
NOV 2014  
DEC 2014  
JAN 2015  
FEB 2015  
MAR 2015  
APR 2015  
MAY 2015  
JUN 2015  
JUL 2015  
AUG 2015  
SEP 2015

Total

### Substance Abuse Treatment Services (Based on month of assessment)

62	No. of Hub referrals made to CASCs at Hub	283	205	275	265	206	208	175	185	208	178	145	187	2,520
63	No. of substance abuse treatment conditions added by Probation***	377	289	261	196	177	299	217	299	192	165	228	220	2,920
64	No. of narcotics testing orders added by Probation***	399	301	291	237	205	329	263	329	211	180	254	256	3,255
65	No. of PSPs showing at CASCs for assessment	518	443	556	540	516	603	520	460	545	469	421	457	6,048
66	No. of CASC treatment referrals	316	257	327	342	281	323	308	265	324	300	283	278	3,604
67	No. of PSPs entering treatment****	102	83	93	88	71	84	82	66	61	69	61	64	924

\*\*\* Data are reported according to the PSP month of release. \*\*\*\* Includes in and out of network admission to SUD treatment services.

### Referrals for other Services (Based on month of assessment)

68	No. PSPs screened for benefits eligibility by DPSS	219	189	189	232	177	191	185	213	213	180	186	194	2,368
69	No. PSPs who DPSS referred to local DPSS office	151	115	114	141	95	104	90	113	136	101	108	112	1,380
70	No. PSPs enrolled in:*	2,453	2,425	2,447	2,489	2,561	2,596	2,524	1	2,545	0	0	0	20,041
71	MediCal	5	6	6	4	5	5	2	0	3	0			36
72	Med/CF	35	34	31	30	29	38	27	0	22	0			246
73	General Relief	169	177	172	163	197	229	182	0	95	0			1,384
74	CalFresh	1,086	1,094	1,086	1,146	1,131	1,077	1,062	1	1,114	0			8,797
75	CalFresh and General Relief	1,158	1,114	1,152	1,146	1,165	1,215	1,212	0	1,268	0			9,430
76	CalWorks/CalFresh	0	0	0	0	0	0	3	0	1	0			4
77	Number of Healthy Way L.A. applications filed (from Hub) <sup>1</sup>													0
78	No. of PSPs enrolled in Healthy Way L.A.													0
77	Number of Medi-Cal applications filed (from Hub) <sup>1</sup>	9	10	6	12	21	9	10	29	27	14	7	16	170

<sup>1</sup> As of January 2014 the Affordable Care Act expanded access to health coverage, making HWLA recipients eligible for Medi-Cal.

\* Due to a system error, the data for May was split among other months. The overall total number is still correct. Data for July through September is not yet available.

### Referrals for HealthRight 360 (Formerly Haight-Ashbury)

78	No. of PSPs referred this month	551	470	514	548	420	502	534	482	511	463	395	389	5,779
79	No. of Referrals	740	595	657	689	507	667	706	664	667	620	503	465	7,480
80	Board and Care	0	0	0	0	0	0	0	0	0	0	0	0	0
81	Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0
82	Sober Living	41	41	36	47	7	19	37	46	44	23	19	12	372
83	Sober Living With Child	0	0	0	0	0	0	0	0	0	0	0	0	0
84	Transitional Housing	424	366	453	452	385	449	472	452	471	472	370	334	5,100
85	Transitional Housing With Child	0	0	0	1	0	0	2	0	2	1	0	0	6
86	Job Readiness	275	188	168	189	115	199	195	155	143	122	109	116	1,974

### PSP Supervision Terminations

87	No. of petitions submitted to terminate supervision	37	17	28	125	100	128	109	128	93	116	75	63	1,019
88	No. of terminations	321	362	449	398	593	618	470	460	478	550	465	495	5,659
89	No. terminations -- 6 months violation-free	0	0	0	0	1	0	0	0	0	0	0	0	1

**Public Safety Realignment  
Summary of Implementation Data**

	OCT 2014	NOV 2014	DEC 2014	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEP 2015	Total
90 No. terminations -- 12 months violation-free (automatic discharge)	200	255	284	212	325	307	253	263	295	293	286	307	3,280
91 No. terminations -- 3 year expiration (maximum term)	1	2	0	4	11	12	13	9	12	11	7	12	94
92 No. terminations -- due to a new criminal conviction	71	59	75	46	68	84	65	53	48	107	89	97	862
93 No. other terminations (revocation settlement, court order, fatalities, transfers, etc.)	49	46	90	136	188	215	139	133	123	139	83	79	1,420

**Custody**

**Jail Population and Sentencing**

94 No. actual defendants sentenced pursuant to Penal Code 1170(h)	581	343	448	454	380	667	405	383	428	411	389	430	5,319
95 Male inmates sentenced	462	284	358	365	305	557	348	299	392	370	356	395	4,491
96 Female inmates sentenced	119	59	90	89	75	110	57	49	36	41	33	35	793
97 No. of sentenced N3s currently in jail (at end of the month)	5,020	4,820	3,947	3,577	3,338	5,770	3,152	3,107	3,040	3,047	3,043	3,067	
98 No. N3s released after serving full term (month of occurrence)	716	712	657	583	472	635	430	420	433	417	386	390	6,251
99 No. Station Worker Program (at end of month)	130	129	113	115	110	148	98	83	98	92	83	100	
100 No. N3s currently on alternative custody (at end of the month)	41	56	51	53	45	3	35	34	42	40	44	39	

**Risk Management and Liability**

**Realignment Claims/Lawsuits**

101 No. claims/lawsuits filed with the County identified as realignment related	0	0	0	0	0	0	0	0	0	0	0	0	0
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